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APPLICANTS

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <i>Reb Shuler</i> <i>RF</i> Examiner's Signature Initials	STATE OR COUNTRY INDIA	SHEETS DRAWING 3	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 3
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TITLE

Crystalline form of losartan potassium

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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